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Report

Caregivers Nova Scotia

Provincial Caregiver Survey

DATE 05 27 2021 **PROJECT NUMBER** 82913_001

METHODOLOGY

Methodology

Two online surveys: (1) using Leger’s panel members and (2) via an open link sent out by Nova Scotia Caregivers.

573 Canadians, 250 from Leger’s panel and 323 from the open link.

Completed between April 29 and May 16, 2021, using Leger’s online panel.

No margin of error can be associated with a non-probability sample (i.e. a web panel and an open link, in this case).
For comparative purposes, though, a probability sample of 573 respondents would have a margin of error of ±4.1%, 19 times out of 20.

Leger’s online panel

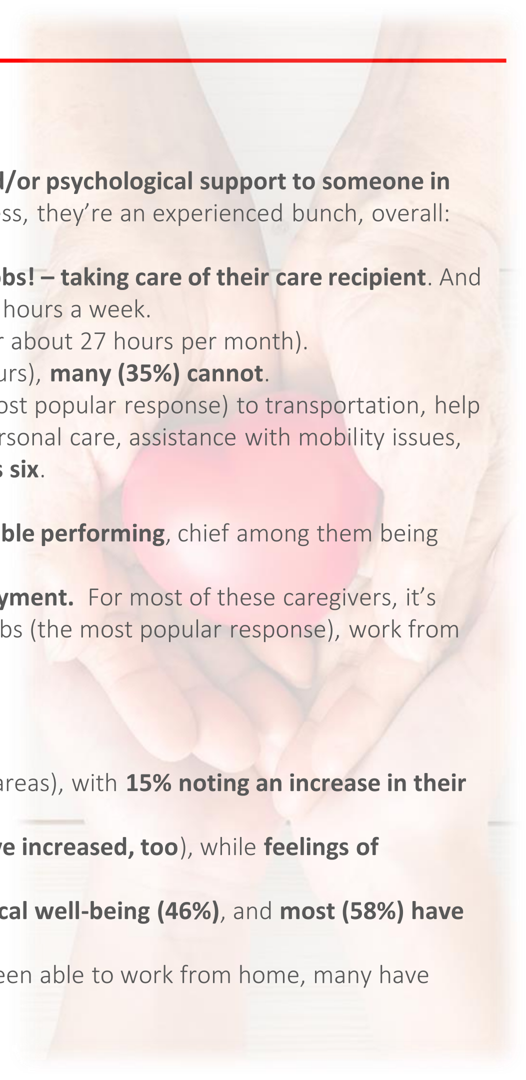
Leger’s online panel has approximately 400,000 members nationally and has a retention rate of 90%.

Quality control

Stringent quality assurance measures allow Leger to achieve the high-quality standards set by the company. As a result, its methods of data collection and storage outperform the norms set by WAPOR (The World Association for Public Opinion Research). These measures are applied at every stage of the project: from data collection to processing, through to analysis. We aim to answer our clients’ needs with honesty, total confidentiality, and integrity.

KEY FINDINGS

Key Findings



1. This is an active, experienced, and *busy* group of caregivers.

- During the last 12 months, **nine-in-ten (91%) have provided personal, social, physical, and/or psychological support to someone in need without getting paid**. One-in-ten (9%) hasn't done so in the past year, but nevertheless, they're an experienced bunch, overall: **76% have at least two years of caregiving experience**, the average being 7.4 years.
- **They spend an average of 40 hours a week – the equivalent of many people's full-time jobs! – taking care of their care recipient**. And for certain sub-groups of caregivers, the average amount of time balloons to more than 60 hours a week.
- **Advocacy is a big part of their caregiving role**, averaging out to about an hour *each day* (or about 27 hours per month).
- Though most (60%) can leave their care recipient unattended (even if it's only for a few hours), **many (35%) cannot**.
- **Caregivers are providing many different kinds of support**, from emotional support (the most popular response) to transportation, help around the house, scheduling, meal prep, social support, financial and/or legal support, personal care, assistance with mobility issues, advocacy, medical care, and/or overnight care. **The average number of items selected was six**.
- **However:**
    - **Roughly a quarter (24%) have been asked to perform tasks they aren't comfortable performing**, chief among them being personal care.
    - **For two-in-ten (21%), their caregiving responsibilities have affected their employment.** For most of these caregivers, it's meant that they've had to decrease the number of hours they work at their day jobs (the most popular response), work from home, or find some other solution.

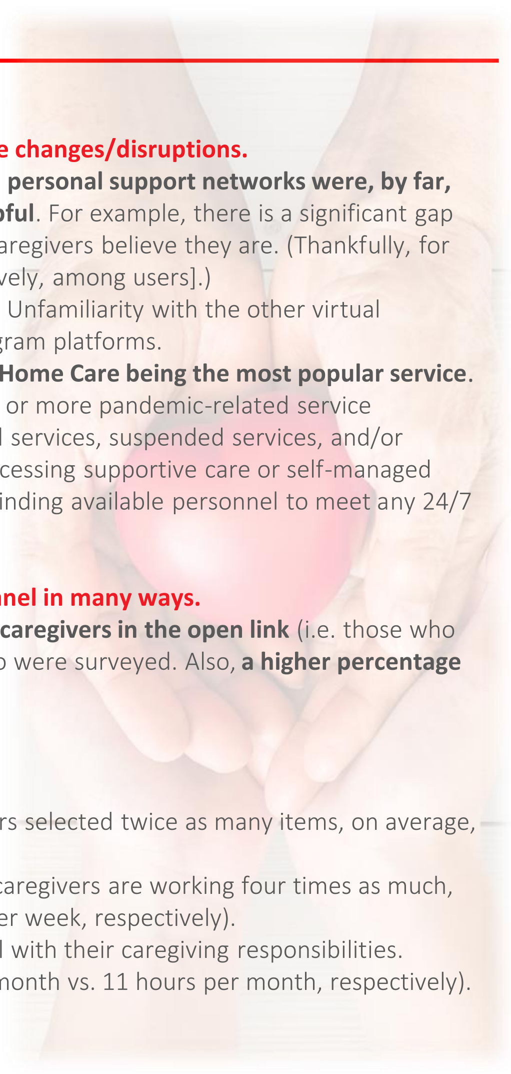
2. The pandemic's taken it's toll – not only on caregivers but care recipients, too.

Since the pandemic began . . .

- 80% have seen an increase in at least one area of their expenses (the average being three areas), with **15% noting an increase in their caregiving support expenses specifically**.
- **Feelings of isolation have spiked** (and feelings of **exhaustion, nervousness, and stress have increased, too**), while **feelings of confidence, support, and comfort have all declined**.
- Roughly half have noted **a decline *in their own* mental well-being half (55%) and/or physical well-being (46%)**, and **most (58%) have also noticed a decline in their *care recipient's* physical and/or mental well-being**.
- For three-in-ten (28%), **the pandemic has affected their employment**. While many have been able to work from home, many have stopped working altogether (i.e. they quit, they were laid off, or they were let go).

3. But only four-in-ten have been asked by and HCP how *they* can be better supported!

Key Findings



4. There are plenty of supports available . . . but many caregivers have noticed certain service changes/disruptions.

- **Sixty-six percent could name a caregiver support or education program they're using, and personal support networks were, by far, the most popular.** No matter what they're using, though, **not everyone's finding them helpful**. For example, there is a significant gap between the use of online resources, social media, and printed materials and how helpful caregivers believe they are. (Thankfully, for personal support networks, usage and helpfulness are roughly equal [64% vs. 57%, respectively, among users].)
- While caregivers appear comfortable with virtual platforms that allow for physician contact, Unfamiliarity with the other virtual platforms listed cuts down on comfort levels, especially when it comes to virtual OT/PT program platforms.
- **There's also Continuing Care, with 53% of the caregivers accessing it** (based on Q16), **and Home Care being the most popular service**. Yet, most of the respondents accessing Continuing Care services were able to point out one or more pandemic-related service disruption/change they've experienced, such as missed or cancelled appointments, reduced services, suspended services, and/or difficulty re-starting a service that was previously in place. Furthermore, many caregivers accessing supportive care or self-managed care mentioned problems (a) hiring and retaining appropriate personnel and (b) problems finding available personnel to meet any 24/7 care needs.

5. Caregivers from the open link differ significantly from those collected via Leger's online panel in many ways.

Beyond the demographic differences listed in the Respondent Profile, **there were more *active* caregivers in the open link** (i.e. those who are currently providing caregiving support to someone), relative to Leger's panel members who were surveyed. Also, **a higher percentage of caregivers from the open link . . .**

- are taking care of an immediate family member, a parent, or an in-law.
- are more likely to have the care recipient living with them or at a facility.
- appear burdened. For example:
    - When asked which types of care and support they typically provide, these caregivers selected twice as many items, on average, relative to those from Leger's panel.
    - When asked how many hours per week they typically spend providing care, these caregivers are working four times as much, on average, relative to those from Leger's panel (60 hours per week vs. 15 hours per week, respectively).
    - A higher percentage has had to change their employment situation in order to deal with their caregiving responsibilities.
- advocate for their care recipients *and* spend more time each month doing it (39 hours per month vs. 11 hours per month, respectively).
- have noticed the pandemic's toll on their care recipients.

Key Findings

5. Caregivers from the open link differ significantly from those collected via Leger's online panel in many ways (continued).

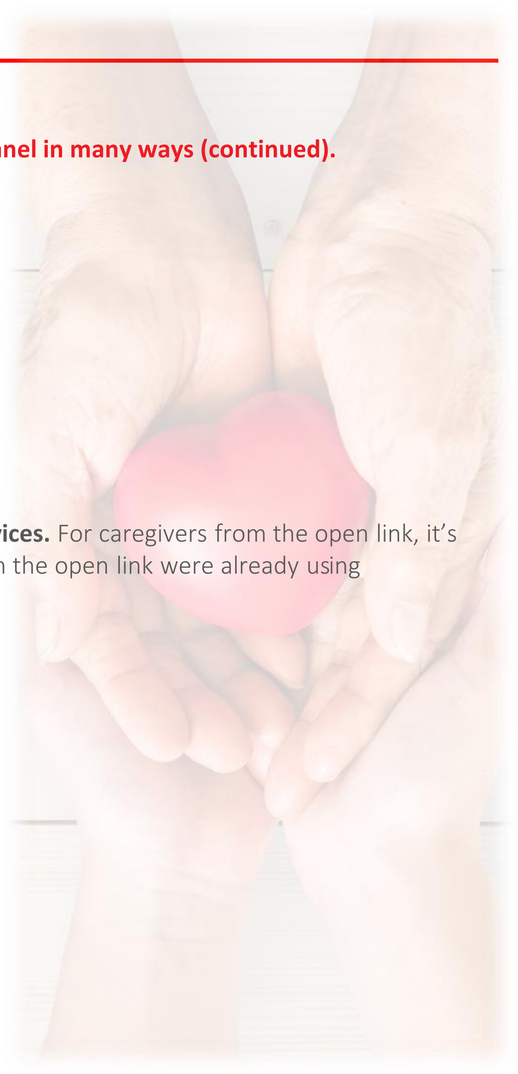
A higher percentage of caregivers from the open link . . .

- appear better supported. For example, a higher percentage:
    - has been asked by an HCP how they can be better supported,
    - uses caregiver supports and/or educational programs, and
    - is comfortable using virtual platforms that allow for physician contact.
- have noticed service changed/disruptions.

Also, **caregivers from the open link are *less likely* to . . .**

- be caring of someone who is still living in their own home.
- be caring for someone who can be left unattended.

Where the two sub-groups of caregivers don't differ is in their access to Continuing Care services. For caregivers from the open link, it's 55%; for caregivers from Leger's panel, it's 51% (though a higher percentage of caregivers from the open link were already using Continuing Care services *prior* to the pandemic).



DETAILED RESULTS

The Caregiver

The effects of the COVID-19 pandemic

Support

General

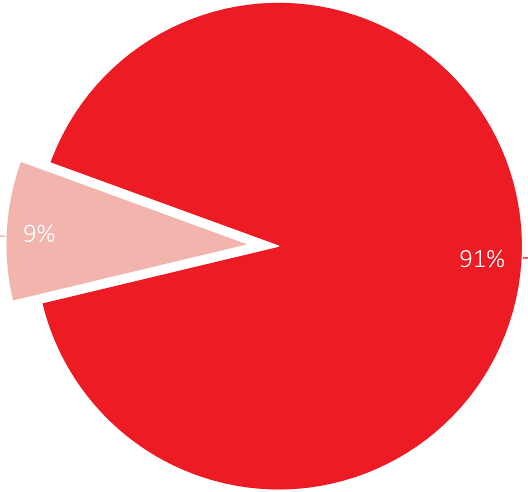
Continuing Care services

This is an active and experienced group of caregivers.

During the last 12 months, **nine-in-ten (91%) have provided personal, social, physical, and/or psychological support to someone in need without getting paid** (especially those from the open link [97%]). One-in-ten (9%), on the other hand, has provided this kind of care, just not in the past year. No matter if they're *currently* providing personal, social, physical, and/or psychological support to someone, or *have done so in the past*, **they've been doing so (or *had* been doing so) for years**: **76% have at least two years of caregiving experience**, the overall average being 7.4 years.

001a During the past 12 months, have you provided personal, social, physical, and/or psychological support to someone in need, without getting paid?
001b How many years have you been providing this care?
Bases: All (n=573).

They had provided it for 5.5 years, on average.



They've been providing it for 7.6 years, on average.

🟥 Yes, I typically provide this support

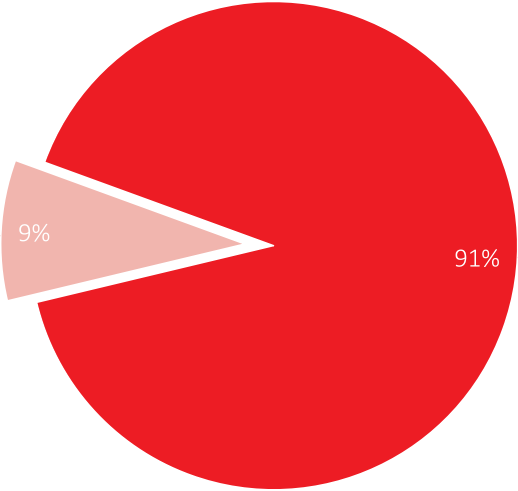
🟥 I have provided this support, but not in the past 12 months

These two groups of caregivers differ in significant ways.

001a During the past 12 months, have you provided personal, social, physical, and/or psychological support to someone in need, without getting paid?

001b How many years have you been providing this care?

Bases: All (n=573).



🟥 Yes, I typically provide this support

▨ I have provided this support, but not in the past 12 months

These respondents are more likely to:

- come from Leger’s panel;
- be men;
- have taken care of someone else, other than a parent, in-law, or an immediate family member; and
- have taken care of someone who still lived *in their own* home or in a facility.

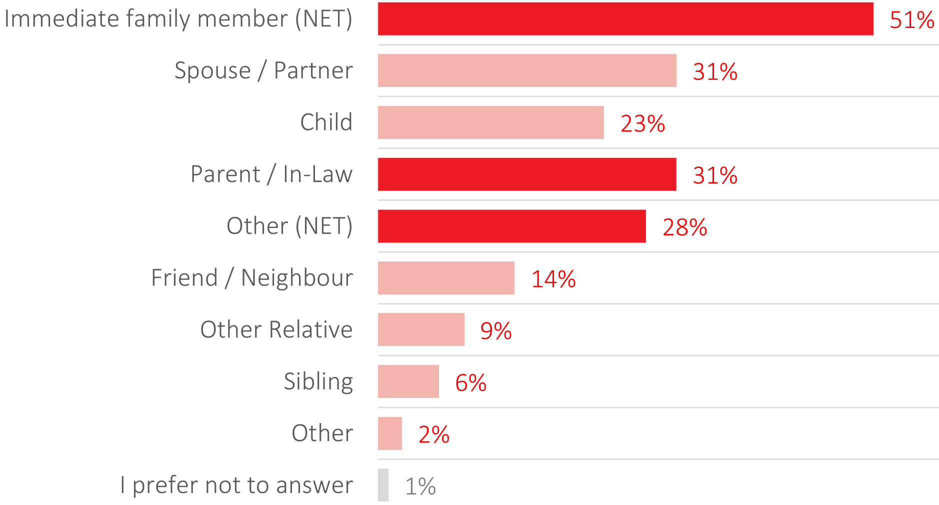
These respondents are more likely to:

- come from the open link;
- be women;
- taking care of a parent, in-law, or an immediate family member;
- taking care of someone who lives in *the caregiver’s* home; and
- be advocating for their care recipient.

Immediate family members are the most common care recipients.

The care recipients are **usually (a) an immediate family member (51%) and/or (b) a parent or in-law (31%)**, especially among respondents from the open link. Other relatives, friends, neighbours, and siblings are much less common.

0002 What is your relationship to the care recipient(s)?
Base: All (n=573).



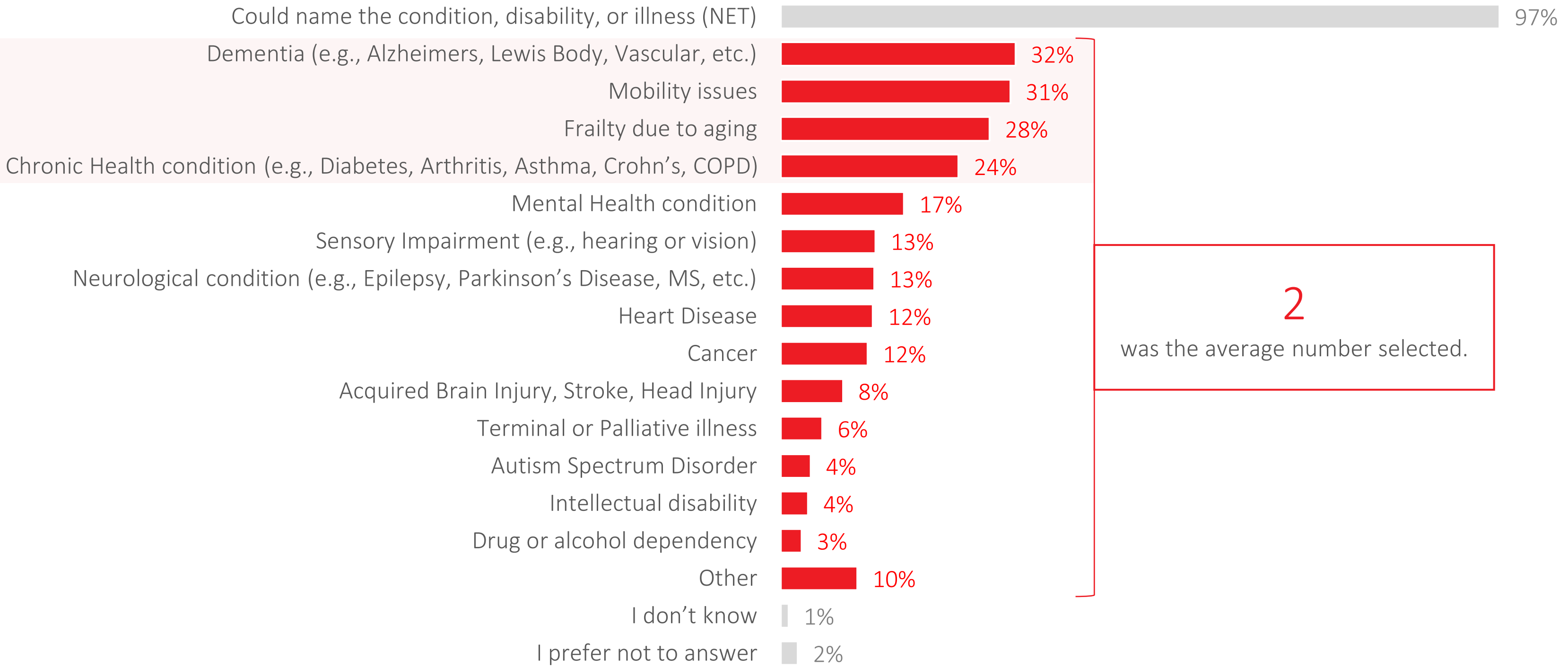
	Total	Source: Leger	Source: Link	Provided support in the P12M?: Yes	Provided support in the P12M?: No
Immediate family member (NET)	51%	39%	61%	52%	41%
Spouse / Partner	31%	21%	39%	32%	20%
Child	23%	22%	25%	23%	24%
Parent / In-Law	31%	26%	35%	32%	24%
Other (NET)	28%	45%	15%	26%	41%
Friend / Neighbour	14%	27%	4%	14%	14%
Other Relative	9%	14%	5%	8%	20%
Sibling	6%	9%	4%	6%	6%
Other	2%	3%	2%	2%	4%
I prefer not to answer	1%	2%	--	1%	2%

🟧 Significantly higher.

Dementia and mobility issues top the list.

Caregivers are frequently caring for someone with dementia, mobility issues, age-related frailty, and/or some kind of health condition. There are also caregivers caring for people with mental health issues, sensory impairments, neurological conditions, heart disease, and/or cancer, among other things. Interestingly, though, caregivers from the open link often listed more conditions, disabilities, and/or illnesses (2.6) than caregivers from Leger's panel (1.6).

0003 What condition, disability, or illness does the person(s) you care for have?
Base: All (n=573).



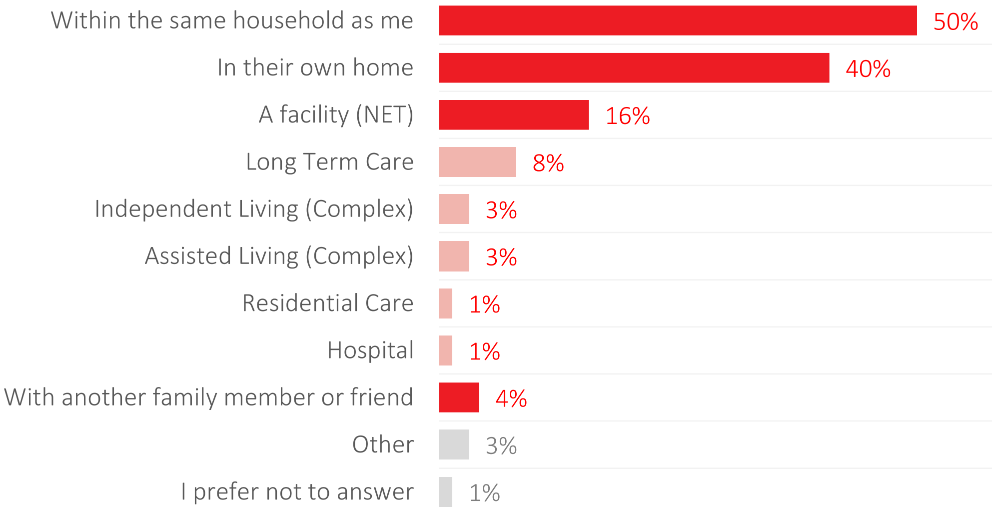
2

was the average number selected.

Just 16% of the care recipients live in a facility.
Most either live with the caregiver or in their own homes.

For the vast majority of caregivers, the care recipient is either living in *the caregiver's* home or in *their own* home. Far fewer live in a facility, but those who do are at least three times as likely to be in a Long Term Care facility than anything else. Interestingly, caregivers from Leger's panel were far more likely to be taking care of someone who still lives in *their own* home while caregivers from the open ink were (a) roughly twice as likely to have the care recipient living in *the caregiver's* home, and (b) far more likely to be taking care of someone in a facility (especially a Long Term Care facility).

0004 Where does the person(s) you care for live?
Base: All (n=573).



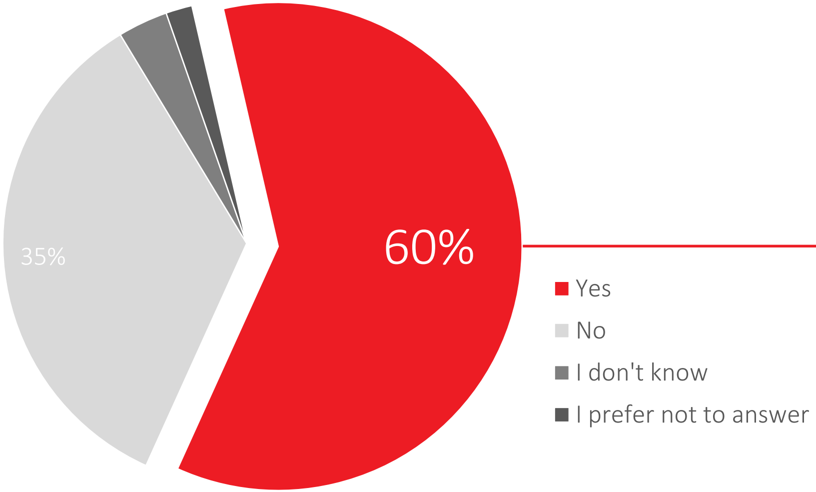
	All	Source: Leger	Source: Link
Within the same household as me	50%	34%	62%
In their own home	40%	53%	31%
A facility (NET)	16%	12%	18%
Long Term Care	8%	2%	12%
Independent Living (Complex)	3%	4%	2%
Assisted Living (Complex)	3%	4%	3%
Residential Care	1%	2%	1%
Hospital	1%	1%	2%
With another family member or friend	4%	6%	3%
Other	3%	3%	3%
I prefer not to answer	1%	3%	<1%

60% can leave their care recipient unattended (if only for a few hours).

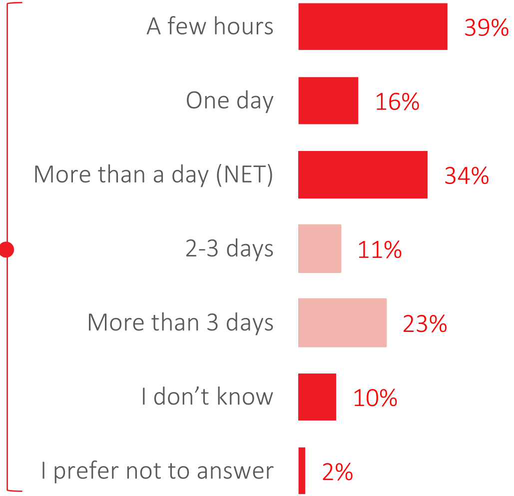
Most caregivers (60%) can leave their care recipient unattended, if only for a few hours. This percentage is *lower*, though, for:

- those from the open link (49%),
- women (58%),
- those providing care to an immediate family member (57%) or a parent/in-law (55%),
- those taking care of someone living in *the caregiver's* home (55%) or even a facility (42%) (relative 72% who can do so because their care recipient still lives *in their own home* [72%]),
- those providing care 25+ hours each week (39%) (vs. 68% for those providing <25 hours of care each week),
- those whose employment has changed because of their caregiving responsibilities (42%),
- those who've noticed a decline in their care recipient's physical or mental health since the start of the pandemic (58%), and
- those accessing Continuing Care services (46%).

Q24a Can the care recipient(s) be left unattended?
Base: All (n=573).



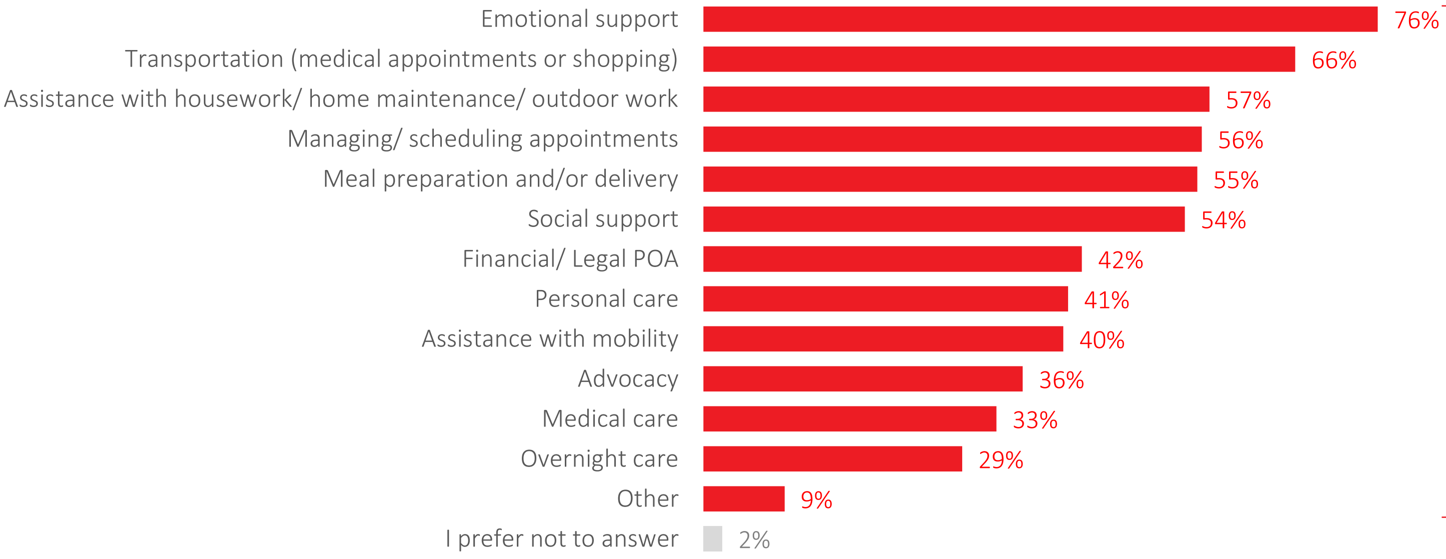
Q24b For how long?
Base: Those with care recipients who can be left unattended (n=346).



These caregivers are busy!

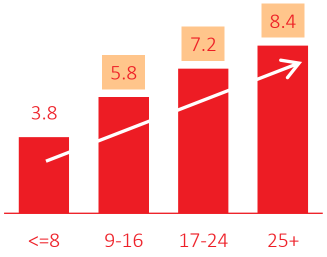
Caregivers are providing many different kinds of support, be it emotional support (the most popular response) to transportation, help around the house, scheduling, meal prep, social support, financial and/or legal support, personal care, assistance with mobility issues, advocacy, medical care, and/or overnight care. **The average number of items selected was six**, but it's important to note that **twice as many items were selected by caregivers from the open link (8), relative to those from Leger's panel (4)**. A higher average number of items was also noted among women; older caregivers 60+; more experienced caregivers (i.e. those who've been providing support for at least five years); those taking care of an immediate family member, parent, or in-law; those taking care of someone in their own homes; those providing care for more than eight hours per week (especially those providing 25 hours or more each week); those who can't leave the care recipient unattended; and those accessing Continuing Care services.

0005 Which of the following types of care and support do you provide to another person(s) due to their health condition(s) or disability?
Base: All (n=573).



6
was the average number selected.

# of items selected cut by hours per week providing care

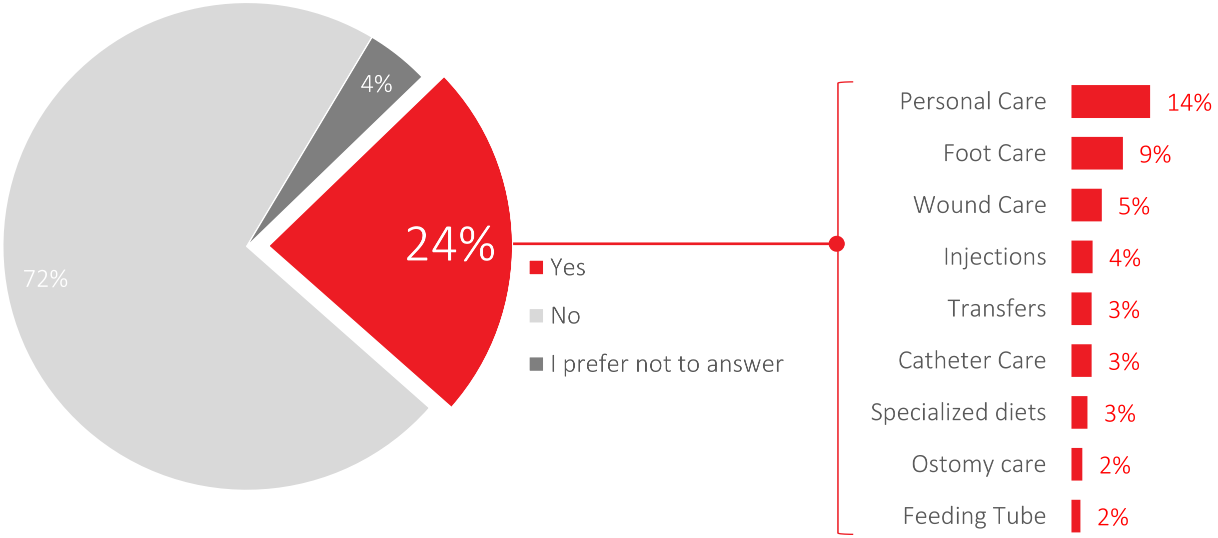


🟧 Significantly higher.

24% have been asked to perform tasks they aren't comfortable with.

Roughly **one-in-four has been asked to perform tasks that they're not comfortable performing**, especially those coming from the open link (28% vs. Leger's panel (18%); those taking care of an immediate family member, parent, or in-law (26%) (vs. 17% among those taking care of someone else); those unable to leave their care recipient unattended (30% vs. 20% among those who can, even if it's only for a few hours); those who've noticed a decline in their care recipient's physical and/or mental health; and those accessing Continuing Care services (38% vs. half that [14%] among those who aren't). **Personal care tops the list, followed by foot care**; in fact these two tasks were mentioned at least twice as often as anything else.

0015 Have you been asked to perform tasks that you are not comfortable performing?
Base: All (n=573).



Anything else was mentioned by <2%.

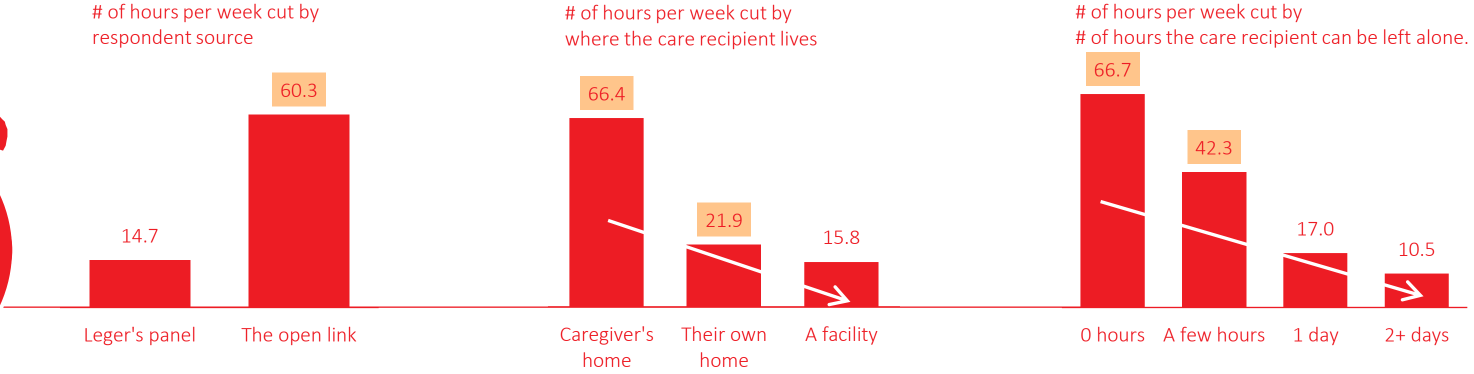
Caregiving is a full-time job.

Caregivers spend an average of 40 hours a week – the equivalent of many people's full-time jobs! – taking care of their care recipient. Unsurprisingly, the average amount of time is higher among:

- older caregivers 60+ (50.2 vs. 30.5 among younger caregivers <60 years of age),
- those living *outside of* the Halifax regional municipality (45.8 vs. 33.7 among those living *within* it),
- women (44.5 vs. 29.7 among men),
- more experienced caregivers (i.e. those who've been providing support for at least five years 47.4 vs. 33.8 among those who've been providing support for <5),
- those providing care to an immediate family member (54.9) or a parent/in-law (36.3) (vs. 15.2 among those taking care of someone else),
- those who've noticed a decline in their care recipient's physical or mental health since the start of the pandemic (47.8 vs, 30.9 among those who haven't), and
- those accessing Continuing Care services (47.4 vs. 34.9 among those who aren't).

It's particularly high (i.e. 60+ hours a week) among:

- **those from the open link** than Leger's panel (60.3 hours/wk).
- **those taking care of someone living in *the caregiver's* home** (66.4 vs. a third of that [21.9] among those taking care of someone still living in *their own* home and just 15.8 hours among those taking care of someone living in a facility),
- **those unable to leave their care recipient unattended** (66.7 vs. 24.9 among those who can, even if it's just for a few hours), and
- **those whose employment has changed because of their caregiving responsibilities** (66.5 vs. 30.5 among those whose employment didn't change for that reason).



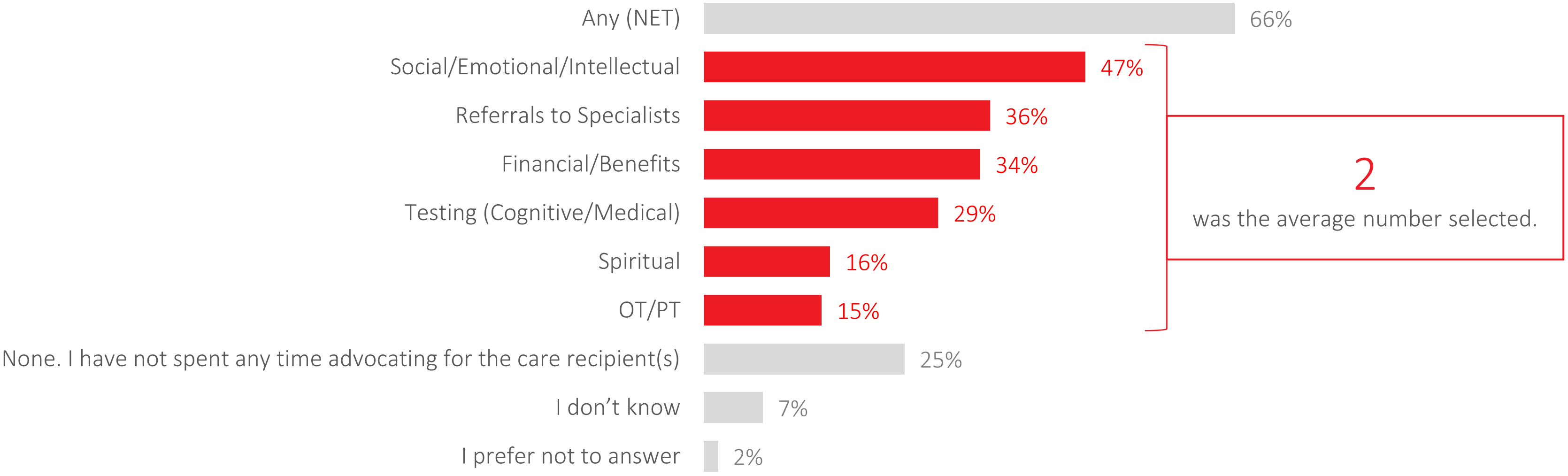
0022 Approximately how many hours in a typical week do you currently provide care, including travel time?
Base: All (n=573).

🟧 Significantly higher.

66% have spent time advocating for a care recipient . . .

Two-thirds (66%) have spent time advocating for a care recipient, and it's frequently on behalf of the care recipient's social, emotional, or intellectual well-being. Demographically, though, advocates are more likely to come from the open link than Leger's panel (76% vs. 53%, respectively). They're also more likely to be younger (i.e. <60: 70%), women (70%), more experienced caregivers (i.e. those who've been providing support for at least five years: 71%), those providing care for more than 8 hours per week (77% vs. 55% among those providing care for up to 8 hours per week), those unable to leave their care recipient unattended (80%), those who've noticed a decline in their care recipient's physical or mental health since the start of the pandemic (75%), those accessing Continuing Care services (78%), and even those whose employment has changed – either because of their caregiving responsibilities (83%) and/or because of COVID (73%).

023a In which of the following areas have you spent time advocating for the care recipient(s)?
Base: All (n=573).



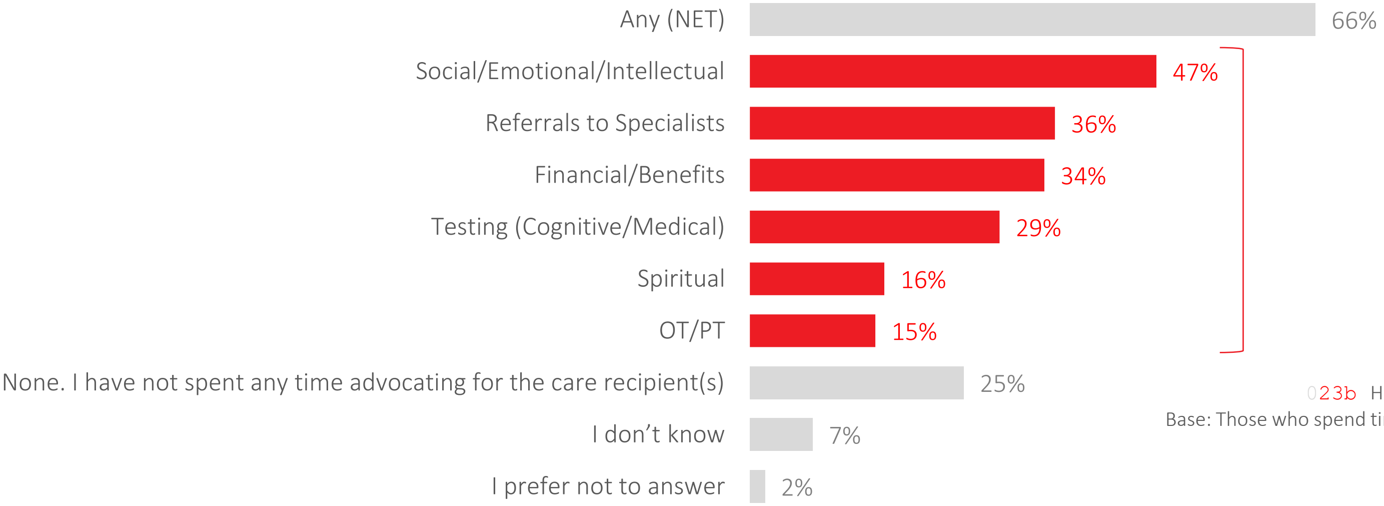
2
was the average number selected.

. . . and it’s averaging out to be nearly an hour a day *each day*.

On average, this **advocacy amounts to nearly an hour a day *each day* (27 hours each month)** – and it’s even higher for:

- those from the open link than Leger’s panel (38.5),
- older caregivers (i.e. 60+: 47.2), and
- those providing care for more than 24 hours per week (61.0).

023a In which of the following areas have you spent time advocating for the care recipient(s)?
Base: All (n=573).



023b How many hours do you spend on this per month?
Base: Those who spend time advocating for their care recipient(s) (n=378).

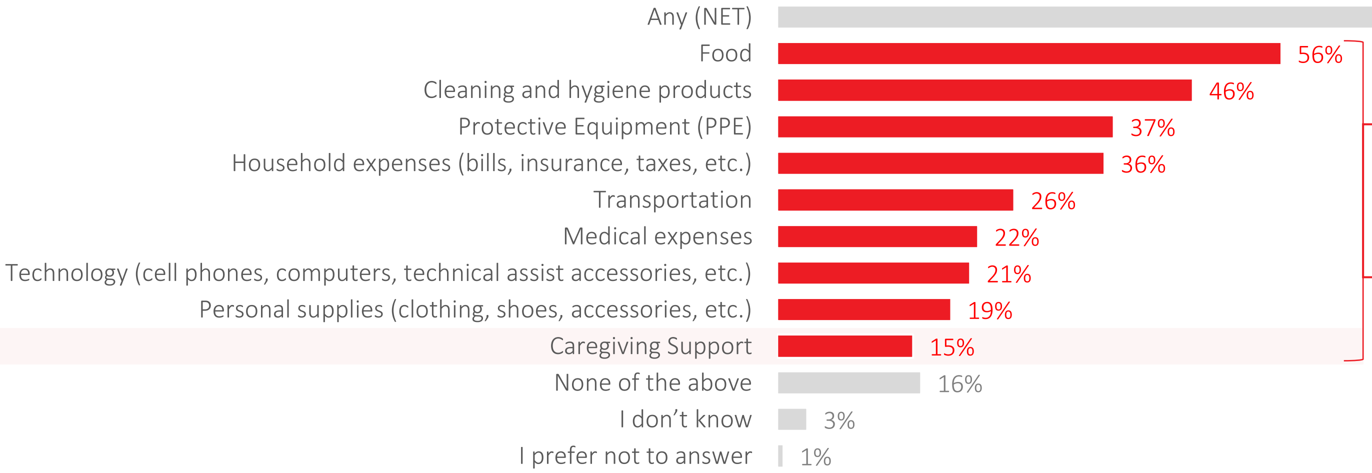
DETAILED RESULTS

The Caregiver
The effects of the COVID-19 pandemic
Support
General
Continuing Care services

15% have noticed an increase in their caregiving support expenses.

Since the beginning of the pandemic, **the vast majority (80%) has experienced an *increase* in one or more household expenses** (the average number being three). **Food has been the most widespread increase** (roughly six-in-ten selected this increase, especially women [58%] and younger caregivers <60 [61%]), followed closely by increases in cleaning, hygiene, and PPE products, as well as in bills, taxes, and insurance premiums. **Just 15% noted an increase in what they've had to allocate to their caregiving support**, but this percentage is **nearly four times higher among caregivers from the open link** (22% vs. just 6% among those from Leger's panel); **four times higher among those providing more than a typical workday's worth of care each week** (8 hours or more: 24% vs. just 6% among those providing 8 hours or less each week); nearly three times higher among those unable to leave their care recipient unattended (26% vs. 9% among those who can leave their care recipient unattended, even for just a few hours); nearly three times as high among those accessing Continuing Care services (26% vs. 10% among those who aren't); twice as high among those taking care of an immediate family member, parent, or in-law (16% vs. 8% among those taking someone else); twice as high among those who've noticed a decline in their care recipient's physical and/or mental health since the beginning of the pandemic (19% vs. 8% among those who have not); twice as high among those working fewer hours (or none at all) because of their caregiving responsibilities (23% vs. 12% among those whose employment situation hasn't changed); and nearly twice as high among women (17% vs. 10% among men).

0009 In which of the following areas, if any, have your expenses increased during the COVID-19 pandemic?
Base: All (n=573).



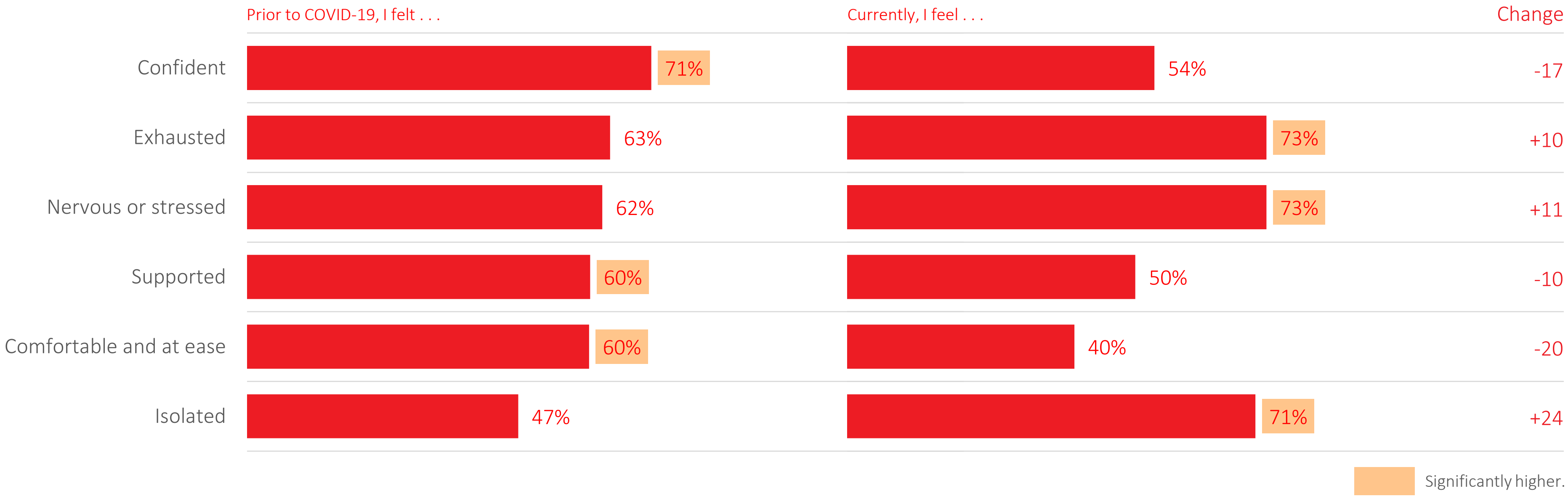
3
was the average number selected.

Feelings of isolation have spiked.

Prior to the pandemic, most caregivers felt exhausted, nervous, and stressed, but they also felt confident, supported, comfortable, and at ease; fewer than half felt isolated. **Now, significantly *fewer* caregivers feel confident, supported, comfortable, or at ease, and significantly *more* feel exhausted, nervous, stressed, and isolated. In fact, the biggest changes can be seen for feelings of isolation (up 24 percentage points), and a lack of comfort/ease (-20) and confidence (-17).**

Isolation has particularly affected caregivers from the open link (76% vs. 65% among Leger's panel members), women (76% vs. 59% of men), those looking after someone who can't be left unattended (78% vs. 67% among those who can leave their care recipient unattended, even if it's just for a few hours), and those looking after someone in *their own* homes (76% vs. 66% among those visiting their care recipient in a facility or 67% among those visiting a care recipient still living in *their own* home).

006a 006b To what extent do you agree with the following statements, in relation to role as a caregiver?
Base: All (n=).



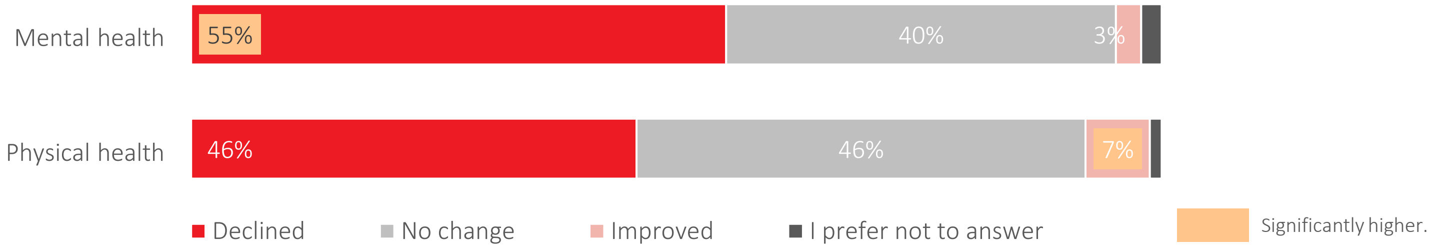
Since the beginning of the pandemic, over half the caregivers surveyed have experienced a decline in their mental health.

For many, the pandemic has caused a *decrease* in mental and/or physical health, though **more caregivers mentioned a decline in *mental* rather than *physical* health** (55% and 46%, respectively). Demographically, declines in mental health have been particularly evident among women (60% vs. 43% of men), younger caregivers (63% among those <60 vs. 47% among those 60+), those accessing Continuing Care services (65% vs. 49% among those who aren't), those whose caregiving support-related expenses have increased because of the pandemic (74% vs. half that [34%] among those who haven't experienced an increase), and those whose employment has changed – either because of their caregiving responsibilities (65%) and/or because of COVID (65%) (vs. five-in-ten among those who've experienced no change).

Similarly, declines in physical health were more likely to be noted among caregivers from the open link (51% vs. 40% among those from Leger's panel), those who a looking after someone who can't be left alone (56% vs. 39% among those who can, even if it's just for a few hours), those accessing Continuing Care services (54% vs. 40% among those who aren't), those whose caregiving support-related expenses have increased because of the pandemic (67% vs. fewer than half that [26%] among those who haven't experienced an increase), and those whose employment has changed – either because of their caregiving responsibilities (60%) and/or because of COVID (51%) (vs. four-in-ten among those who've experienced no change).

Please note that these two metrics are linked. Most of the respondents who noted a decline in their *mental* health also noted a decline in their *physical* health (and vice versa).

0007 Since the beginning of the COVID-19 pandemic, has your physical and/or mental health changed?
Base: All (n=573).

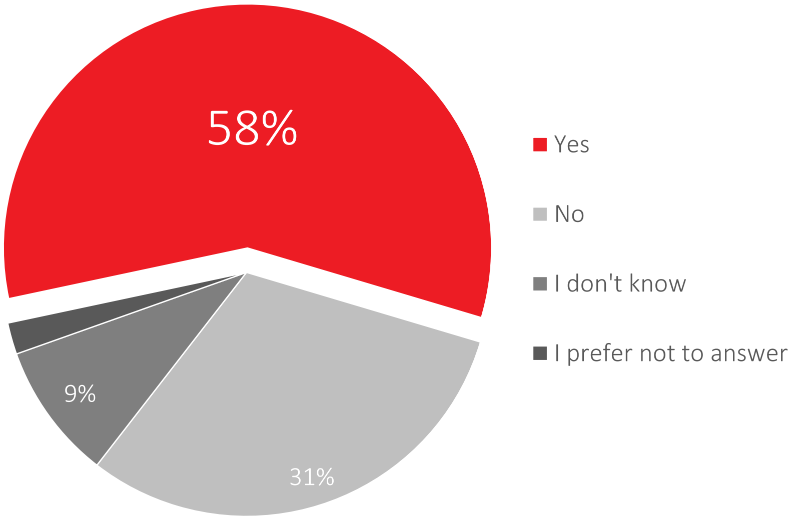


The pandemic's taken it's toll on care recipients, too.

Since the pandemic began, **roughly six-in-ten (58%) have noticed a decline in their care recipient's physical or mental health**, particularly those from the open link (71% vs. 42% among those from Leger's panel), women (64% vs. 43% among men), those living *outside* the Halifax regional municipality (63% vs. 52% among those living within it), those taking care of a parent or in-law (67% vs. 55% among those taking care of someone else), those taking care of someone who can't be left unattended (64% vs. 55% among those who can, if only for a few hours), and those accessing Continuing Care services (70% vs. 56% among those who aren't).

Three-in-ten (32%), on the other hand, have not noticed a decline, particularly Leger's panellists, men, those who can leave their care recipient unattended (if only for a few hours), and those who aren't accessing Continuing Care services.

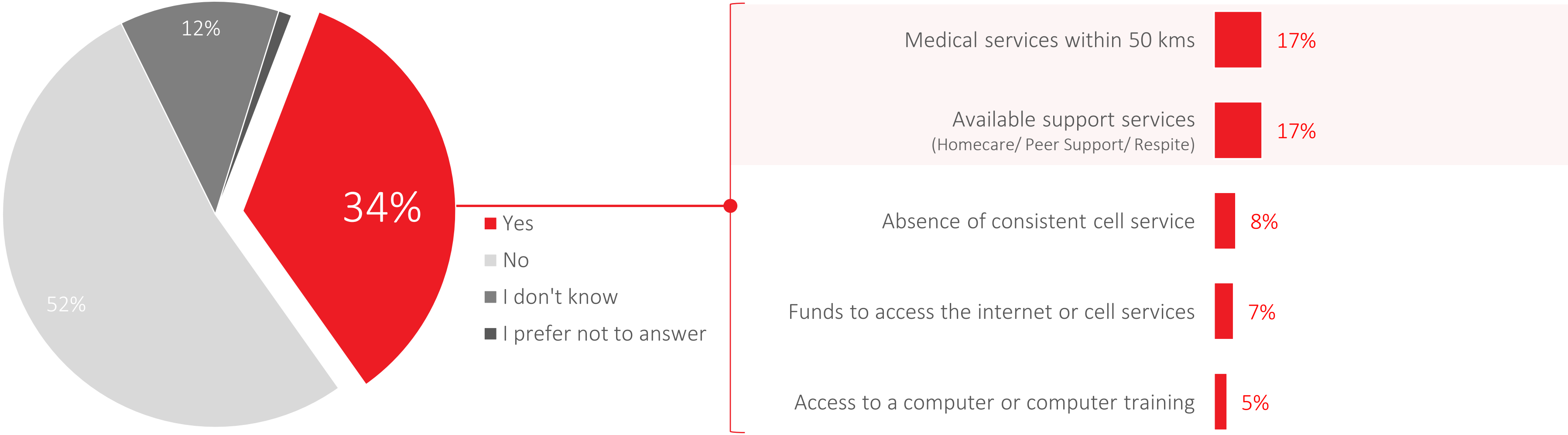
0018 Have you noted a decline in the care recipient's(s') physical or mental health during the COVID-19 pandemic?
Base: All (n=573).



34% have noticed a decrease in the availability of certain services.

Within their community, **three-in-ten (34%) have experienced a *decrease* in certain services**, namely medical services within 50 kms of where they live and the availability of support services like homecare, respite care, and peer support – all of which were mentioned twice as often as anything else. Certain caregivers were more likely to experience a decrease than others, such as: those living *outside of* the Halifax regional municipality (39% vs. 29% among those living within it), younger caregivers <60 (39%), and those who've providing support to someone for at least five years (39%), as well as those unable to leave their care recipient unattended (41%), those who've noticed a decline in their care recipient's physical and/or mental health (42% vs. nearly half that [23%] among those who have not), those who've noticed an increase in their caregiving expenses (50% vs. just 22% among those who have not), those accessing Continuing Care services (51% vs. nearly half that [29%] among those who aren't), and those whose employment has changed – either because of their caregiving responsibilities (54%) and/or because of COVID (45%) (vs. three-in-ten among those who've experienced no change).

0021 Within your community, have you experienced a decrease in availability of any of the following services?
Base: All (n=573).

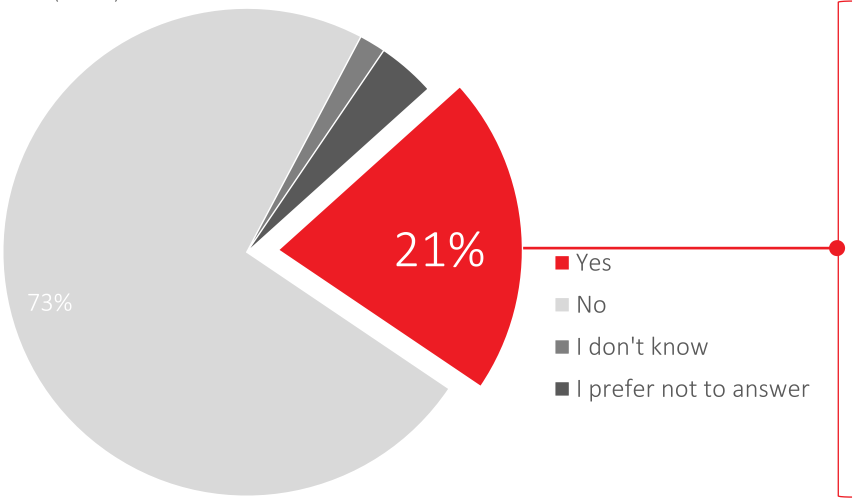


21% have had to rejig their employment to accommodate caregiving.

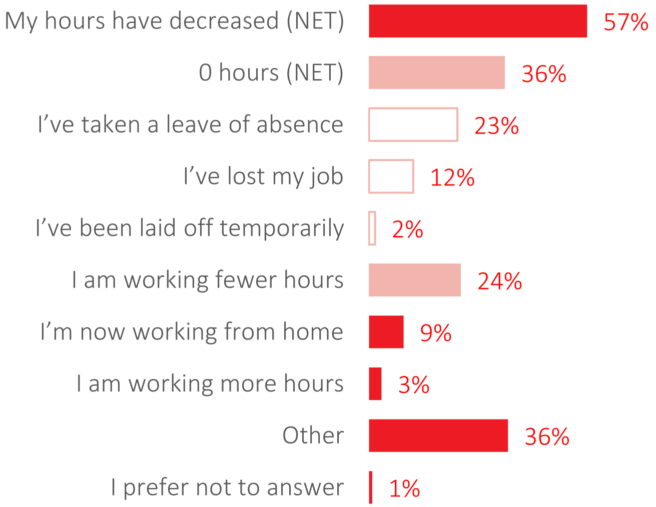
For two-in-ten caregivers (21%), their employment status has changed in order to accommodate their caregiving responsibilities. For most of these caregivers (57%), this has translated into working fewer hours or none at all; for others, it's meant they now work from home (9%), work more hours (3%), or have found some other solution (36%).

This has disproportionately affected certain sub-groups of caregivers, such as those from the open link (32% vs. just 8% among those from Leger's panel); younger caregivers (<60: 26% vs. 16% among those 60+); women (24% vs. 13% among men); those taking care of parent or in-law (34% vs. 16% among those taking someone else); those unable to leave their care recipient unattended (32% vs. 15% among those who can leave their care recipient unattended, even for just a few hours); those providing 25+ hours per week of care (38% vs. 17% among those providing <25 hours per week [12% among those providing 8 hours or less each week]); those who've noticed a decline in their care recipient's physical and/or mental health since the beginning of the pandemic (27% vs. 11% among those who have not); and those accessing Continuing Care services (31% vs. 17% among those who aren't). It's also four times higher among those whose employment status has *also* been affected by the pandemic (42% vs. 10% among those whose employment situation wasn't affected by COVID-19).

025a Has your employment status changed as a result of caregiving?
Base: All (n=573).



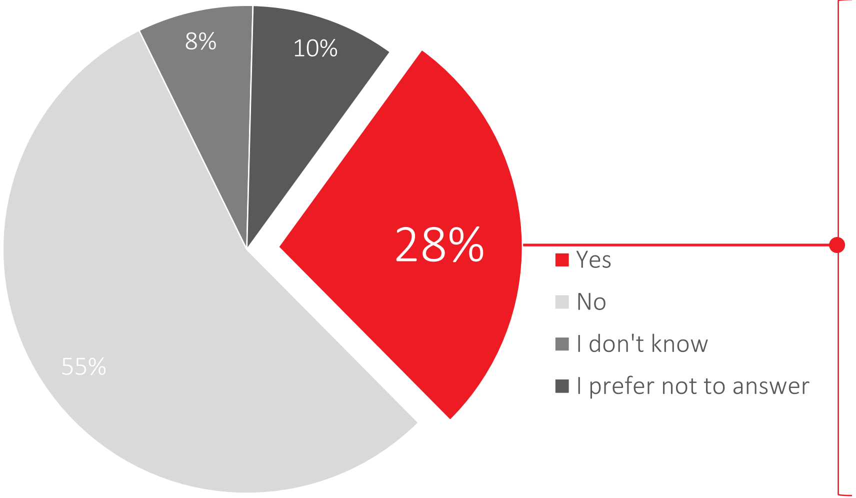
025b How?
Base: All (n=121).



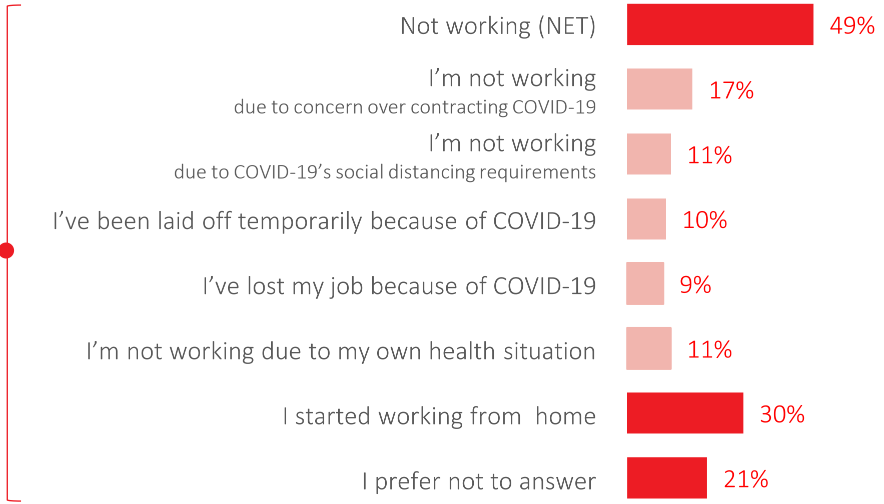
The employment status of 28% has been affected by the pandemic.

Because of the pandemic **three-in-ten (28%) have experienced a fluctuation in their employment status, and this has essentially meant one of two things: (a) a loss of employment (49% of them) or (b) a teleworking situation (30%).** Again, the pandemic has affected certain caregivers more than others. For example, caregivers living *within* the Halifax regional municipality were more likely to be affected (32% of them vs. 24% of those living *outside of* the Halifax regional municipality), as were younger caregivers (<60: 39% vs. 16% among those 60+) and non-Caucasians (52% vs. 27% among Caucasians). It's also more than twice as likely among those whose employment status has *also* been affected by their caregiving responsibilities (55% vs. 20% among those whose employment situation hasn't been affected in this way).

026a Has your current employment situation been affected by the COVID-19 pandemic?
Base: All (n=573).



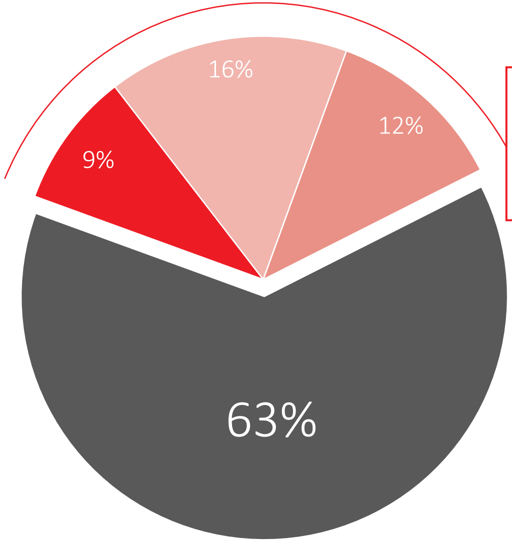
026b How?
Base: All (n=158).



12% have had their employment status disrupted by the pandemic AND their caregiving responsibilities.

025a Has your employment status changed as a result of caregiving?
026a Has your current employment situation been affected by the COVID-19 pandemic?
Bases: All (n=573).

When the employment questions are examined together, we find that nearly four-in-ten (37%) have had their employment status affected in some way, be it caregiving responsibilities, the pandemic, or *both*.

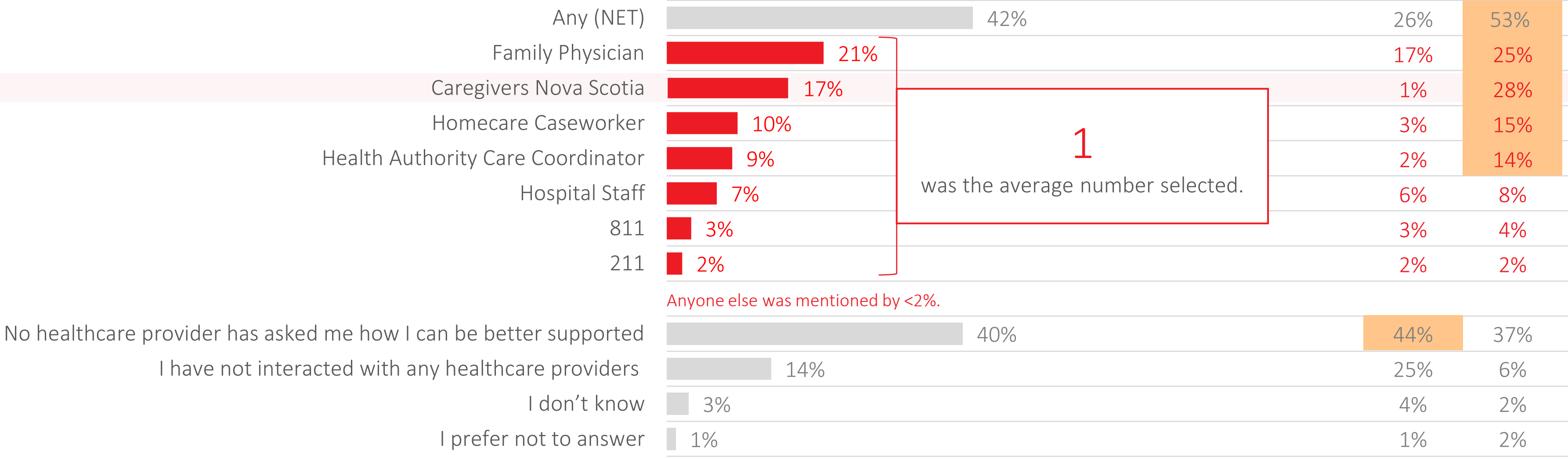


37%
have had their employment status affected in some way.

Just 42% have been asked how they can be better supported.

Since the beginning of the pandemic, four-in-ten caregivers recall an HCP asking them how they could be better supported. The HCP was usually a physician or a member of Caregivers Nova Scotia. Interestingly, this was twice as likely to happen to caregivers from the open link (53%) than Leger's panel members (26%), and significantly more likely to happen to: older caregivers 60+ (47% vs. 37% among those <60), those looking after someone who can't be left unattended (54% vs. 34% among those who can leave their care recipient unattended, even if it's just for a few hours), those who've noted a decline in *their own* mental health since the pandemic began (46% vs. 33% who didn't note a change), those who've noticed a decline in *their care recipient's* mental or physical health since pandemic began (49% vs. 33% among those who haven't), those whose caregiving support-related expenses have *increased* because of the pandemic (62% vs. nearly half that [33%] among those who haven't experienced an increase), those accessing Continuing Care Services (54% vs. 32% among those who aren't), and those whose employment has changed because of their caregiving responsibilities (51% vs. 38% among those who haven't experienced a change).

Q008 Since the start of the COVID-19 pandemic, which of the following healthcare professionals, if any, have asked you how *you* can be better supported?
Base: All (n=573).



	Total	Source: Leger	Source: Link
Any (NET)	42%	26%	53% 🟧
Family Physician	21%	17%	25% 🟧
Caregivers Nova Scotia	17%	1%	28% 🟧
Homecare Caseworker	10%	3%	15% 🟧
Health Authority Care Coordinator	9%	2%	14% 🟧
Hospital Staff	7%	6%	8%
811	3%	3%	4%
211	2%	2%	2%
No healthcare provider has asked me how I can be better supported	40%	44% 🟧	37%
I have not interacted with any healthcare providers	14%	25%	6%
I don't know	3%	4%	2%
I prefer not to answer	1%	1%	2%

1
was the average number selected.

Anyone else was mentioned by <2%.

🟧 Significantly higher.

DETAILED RESULTS

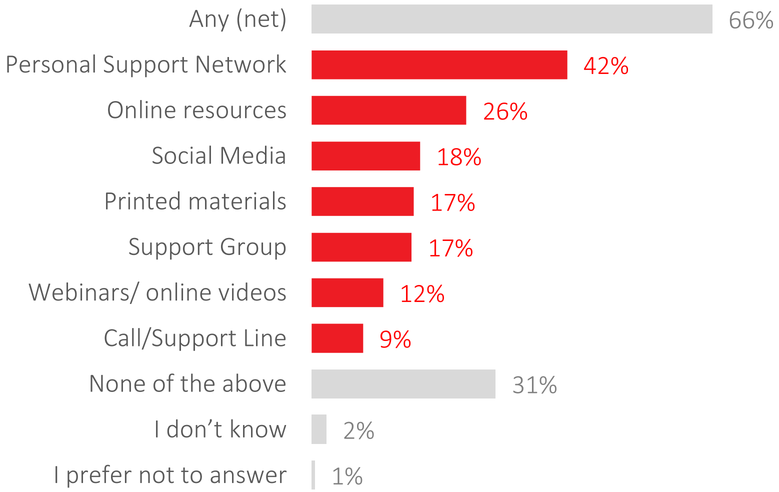
The Caregiver
The effects of the COVID-19 pandemic
Support
General
Continuing Care services

Personal support networks are popular.

Most (66%) have made use of at least one of the caregiver supports and educational programs listed below, especially those from the open link (76% vs. 55% among those from Leger's online panel), women (70% vs. 56% among men), those unable to leave their care recipient unattended (77% vs. 62% among those who can, even if it's just for a few hours), those who've noticed a decline in their care recipients physical and/or mental health (71% vs. 62% among those who have not), and those accessing Continuing Care services (73% vs. 65% among those who aren't). **Personal support networks (i.e. their family members, friends, faith groups, etc.) were the most popular**, while webinars and support lines, on the other hand, were much less popular.

Three-in-ten <u>haven't</u> used a single one of these supports/programs, but these caregivers are more likely to be Leger panellists, men, those able to leave their care recipients alone (even just for a few hours), and those who aren't accessing any Continuing Care services.

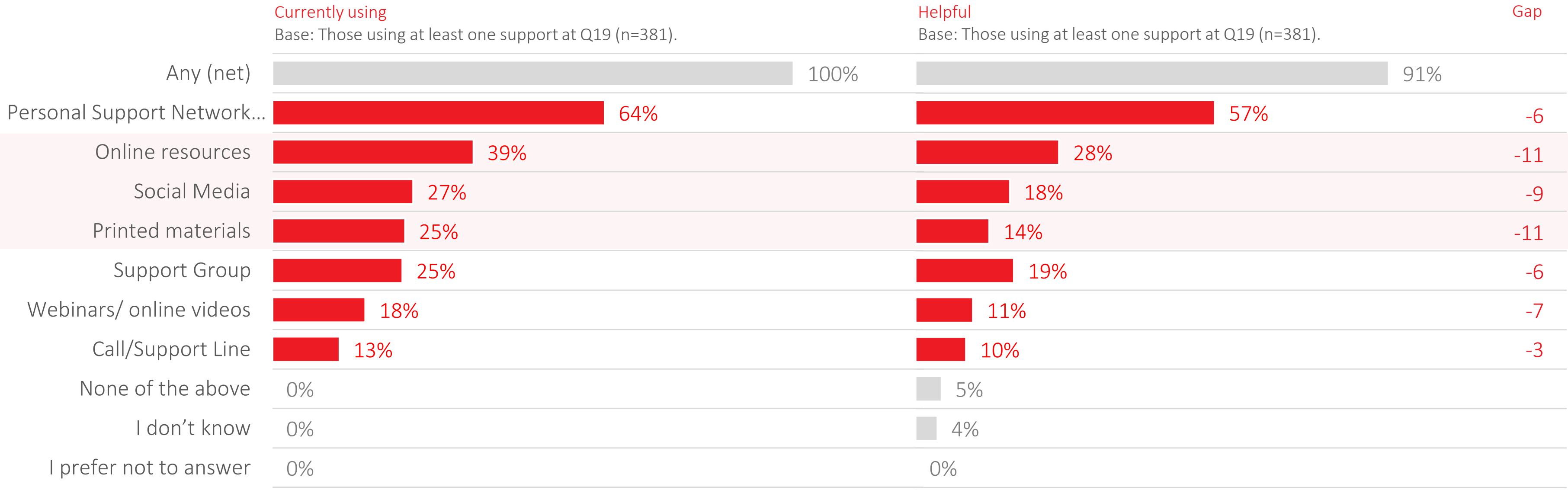
019a Which of the following types of caregiver supports and educational programs do you currently use?
Base: All (n=573).



Not everyone using online resources, printed materials, and social media is finding them helpful.

When the percentage who are *using* a given support/program is tested against the percentage who've *found it helpful*, **we find three items where the gap between use and helpfulness hovers or exceeds 10 percentage points**: online resources (a gap of 11 percentage points), printed materials (-11), and social media (-9).

019a Which of the following types of caregiver supports and educational programs do you currently use?
019b Which have been helpful during the pandemic?

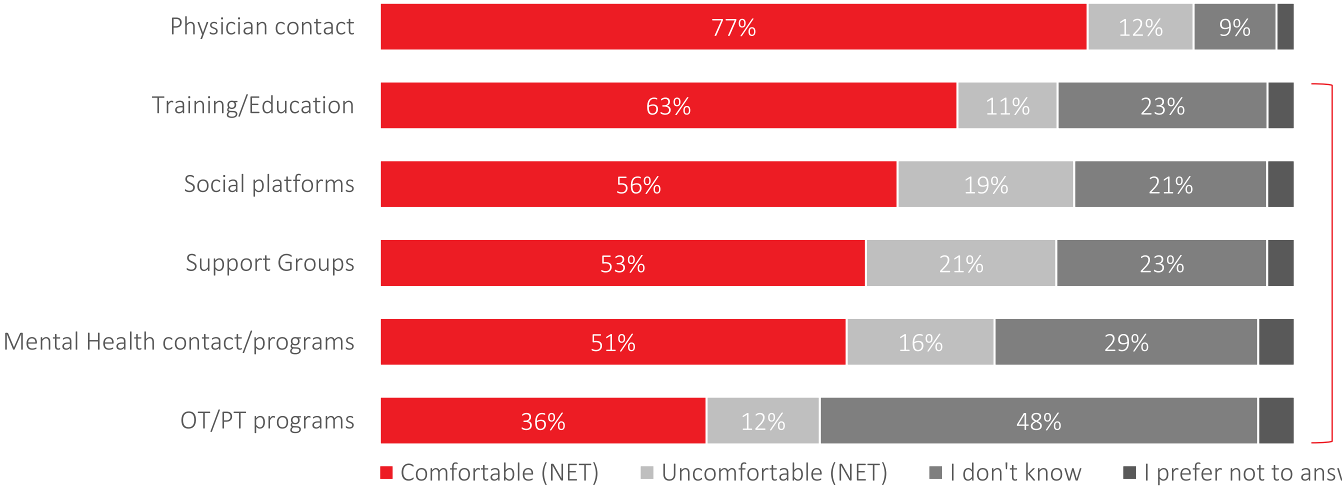


Virtual platforms that allow for physician contact are well-known.

While comfort levels are quite high for virtual platforms that allow physician contact (73% are comfortable), comfort levels begin to dip for any other virtual platform – not so much because more and more respondents state they're *un*comfortable with them, but because more and more respondents state they're *un*familiar with them. Demographically, comfort levels with virtual platforms that allow physician contact are higher among caregivers from the open link (80% are comfortable vs. 73% among Leger's panellists), women (81% vs. 68% among men), those who advocate for their care recipient (83% vs. 73% among those who do not), and those whose caregiving expenses have increased because of the pandemic (87% vs. 69% among those whose caregiving expenses have not). In fact, those faced with increased caregiving expenses show higher comfort levels with *each* of the virtual platforms listed, and those advocating on behalf of their care recipient show higher comfort levels with four out of six of them (i.e. all except social platforms and support groups).

Those who are *un*comfortable, on the other hand, are more often older caregivers 60+, those able to leave their care recipient unattended (if only for a few hours at a time), those whose caregiving expenses have not increased because of the pandemic, and those who aren't accessing any Continuing Care services.

0020 How comfortable are you with any virtual platforms found within each of the following areas?
Base: All (n=573).



Comfort with these kinds of virtual platforms are higher among younger caregivers <60 years of age.

DETAILED RESULTS

The Caregiver

The effects of the COVID-19 pandemic

Support

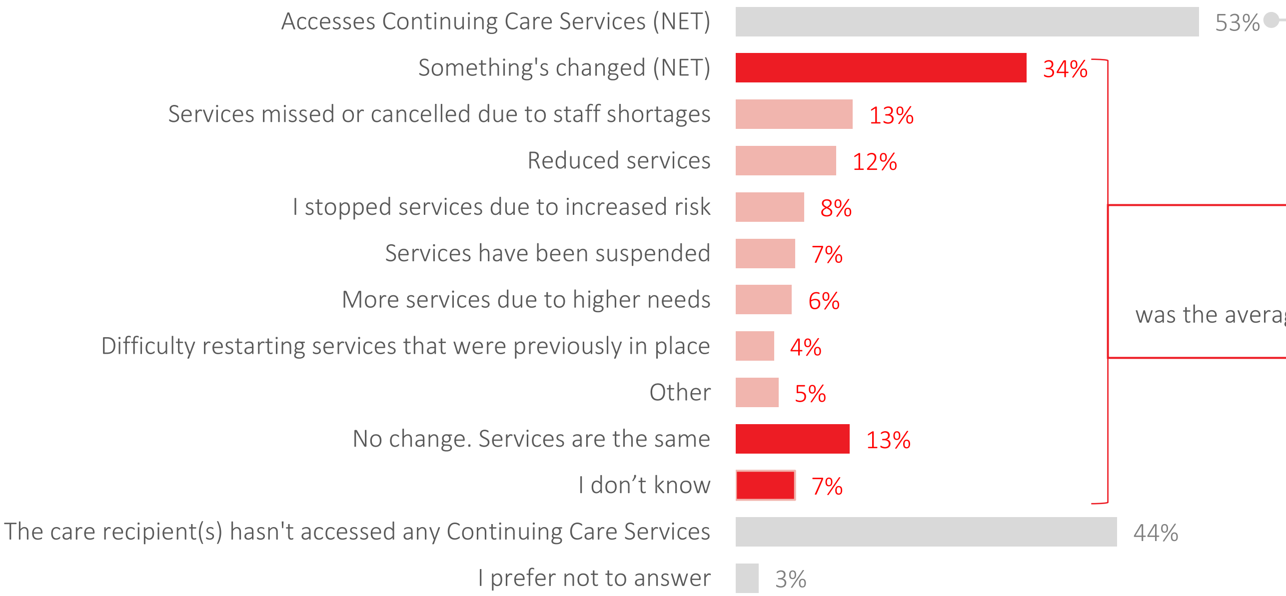
General

Continuing Care services

53% are accessing Continuing Care services.

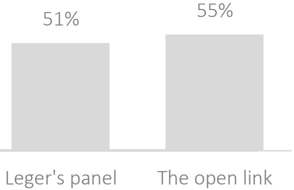
About half the caregivers surveyed (53%) are accessing Continuing Care services, particularly those living *within* the Halifax regional municipality (59% vs. 49% among those living *outside of* it); men (61% vs. 51% among women); those taking care of someone living in (a) in someone else’s home (other than their own or the caregiver’s) (71%) or (b) a facility (66%) (vs. more like 50% among those taking care of someone still living in *their own* home [52%] or someone living in *the caregiver’s* home [50%]); those unable to leave the care recipient unattended (70% vs. 44% among those who can, even if it’s just for a few hours), those who’ve noticed an uptick in their caregiving expenses since the pandemic began (71% vs. 51% among those who haven’t); and those whose employment status has been affected by their caregiving responsibilities (64% vs. 50% among those whose employment situation hasn’t been affected in this way).

0016 If your care recipient(s) accesses Continuing Care services, how have these services changed since the pandemic started?
Base: All (n=573).



1
was the average number selected.

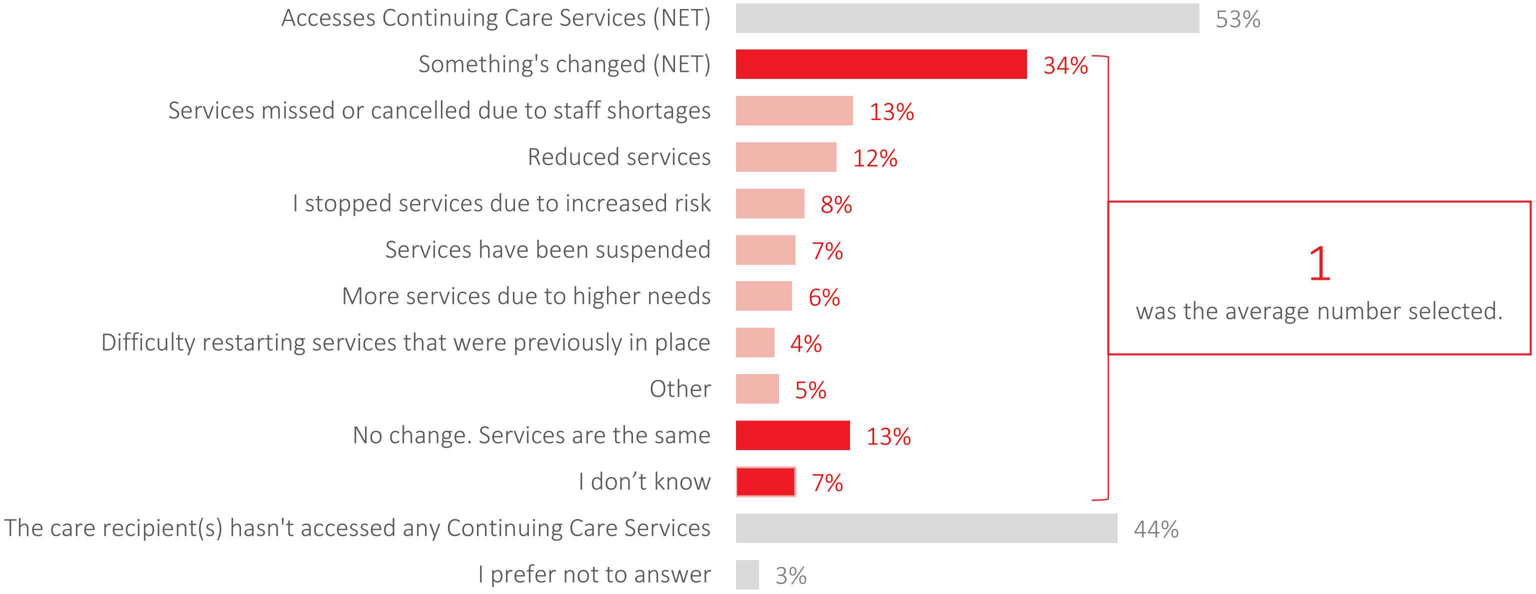
Access cut by respondent source



34% have noticed service changes since March 2020.

Overall, **a third of those surveyed (34% or 64% of those accessing Continuing Care services) listed at least one service change they've noticed since the pandemic started**, the top two being **(1) missed and/or cancelled service calls and (2) reduced services**. Those more likely to have listed a change include those from the open link (38% vs. 28% from Leger's panellists), those caring for someone living at a facility (45% vs. 32% among those caring for someone still living in *their own* homes or *the caregiver's* own home), those providing at least nine hours a week of care (43% vs. 28% among those providing <9), those unable to leave their care recipient unattended (48% vs. nearly half that [25%] among those who can, if only for a few hours), those who've noticed a decline in their care recipient's physical and/or mental health (40% vs. 23% among those who haven't), those who've noticed an increase in their caregiving expenses (57% vs. half that [23%] among those who haven't), and those whose employment status has been affected by their caregiving responsibilities (50% vs. 29% among those whose employment situation hasn't been affected in this way).

0016 If your care recipient(s) accesses Continuing Care services,
how have these services changed since the pandemic started?
Base: All (n=573).



1

was the average number selected.

Home Care is, by far, the most popular service.

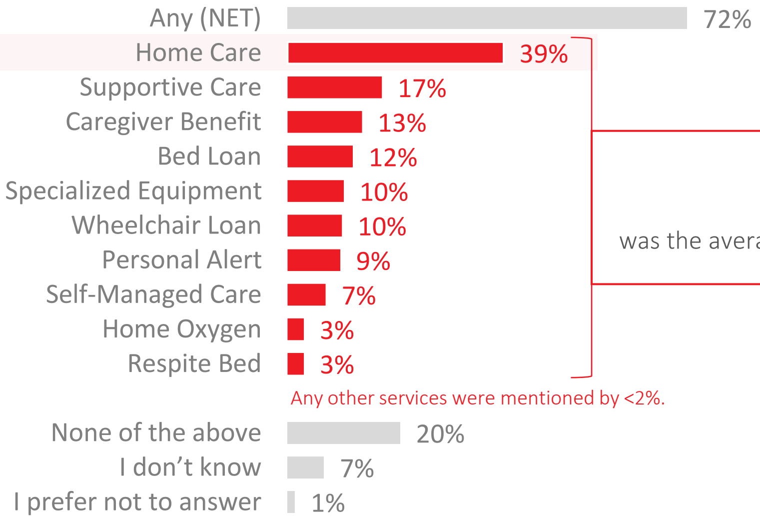
Among those accessing Continuing Care services (see Q16), **many have signed up for home care; in fact, home care was selected more than twice as often as anything else**. The average number of services selected was one, but certain sub-groups were more likely to be selecting two or more:

- caregivers from the open link (2),
- those providing more than eight hours of care each week (2), and
- those who were already accessing Continuing Care services prior to the pandemic (2).

53%

are accessing
Continuing Care services
at Q16.

0010 Which Continuing Care services are being received by the care recipient(s)?
Base: Those accessing Continuing Care Services at Q16 (n=306).



Any other services were mentioned by <2%.

1

was the average number selected.

There are three main sources.

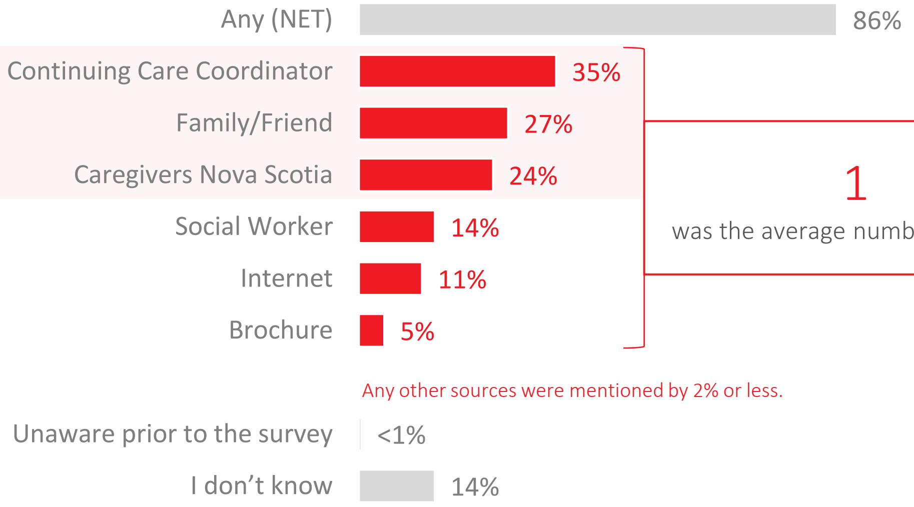
Those who selected one or more Continuing Care services (see Q10), learned of these services via **three main sources: (1) a Continuing Care Coordinator, (2) a family member or friend, and/or (3) Caregivers Nova Scotia**. Demographically, though, more caregivers from the open link could recall where they'd learned about Continuing Care services (91% vs. 77% among Leger's panel members), since far more of them cited (a) a Continuing Care Coordinator (46% vs. roughly a third of that [16%] among Leger's panellists) and/or (b) Caregivers Nova Scotia (30% vs. roughly a third of that [13%] among Leger's panellists). This same pattern holds true for those who've noticed an increase in their caregiving expenses, relative to those who haven't. Such respondents were also much more likely to recall where they'd learned about Continuing Care services (98% vs. 79% among those who haven't had an increase in their caregiving expenses) because roughly twice as many of them mentioned a Continuing Care Coordinator (55% vs. 26%, respectively) and/or Caregivers Nova Scotia (35% vs. 26%, respectively).

72%

selected at least one service from the list at Q10.

0011 Where did you learn about these Continuing Care services?

Base: Those receiving Continuing Care Services at Q16 who then selected a service at Q10 (n=220).



Any other sources were mentioned by 2% or less.

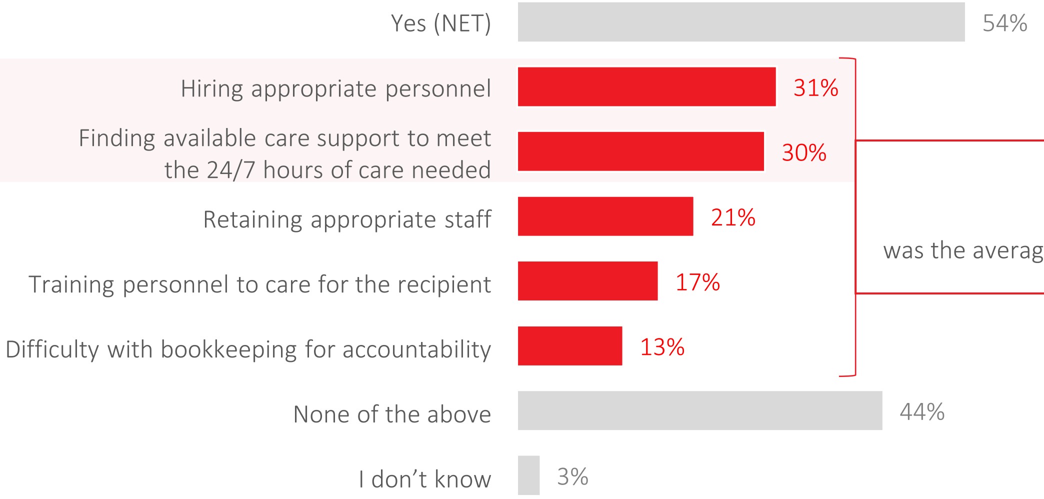
1

was the average number selected.

There are definitely staffing challenges to receiving proper supportive care or self-managed care.

Among those receiving supportive care or self-managed care, **about half of them (54%) have experienced challenges**, the biggest two being (1) hiring appropriate personnel and (2) finding available personnel to meet their 24/7 care needs. In fact, four of the five answers listed below are personnel-related challenges.

0012 Have you encountered any of these challenges?
Base: Those receiving Continuing Care Services at Q16 who selected "supportive care" and/or self-managed care" at Q10 (n=71).



23%
selected supportive care or self-managed care at Q10.

2
was the average number selected.

34% were already using Continuing Care services *before* the pandemic.

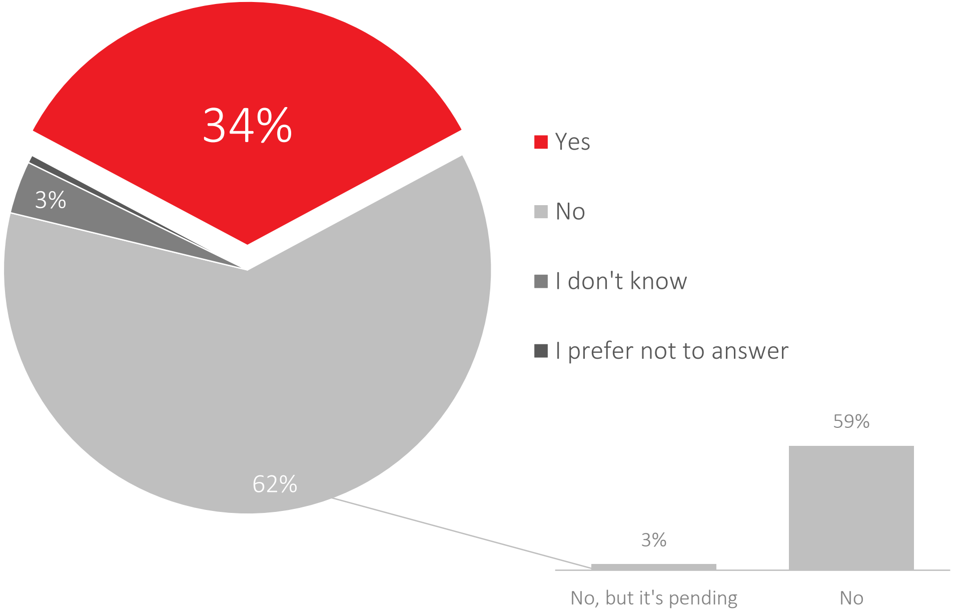
A third of the caregivers surveyed (34%) note that their care recipient was receiving Continuing Care services *prior* to the pandemic (i.e. March 2020), particularly:

- those from the open link (40% vs. 27% among those from Leger's panel);
- older caregivers 60+ (39% vs. 30% among those <60);
- those who've been providing support for at least five years (41% vs. 30% among those who haven't);
- those taking care of someone at a facility (43%) or in *their* homes (37%), rather than someone still living in *their own* home (28%); and
- those providing at least 17 hours of care each week (45% vs. 29% among those providing anywhere up to 16 hours per week).

53%

are accessing Continuing Care services at Q16.

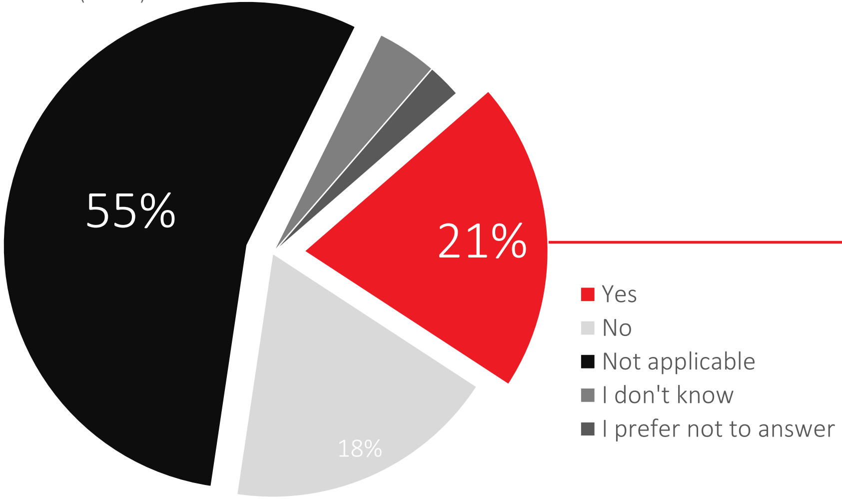
0013 Was the care recipient(s) receiving Home Care Services from Continuing Care prior to the pandemic?
Base: Those receiving Continuing Care Services at Q16 (n=306).



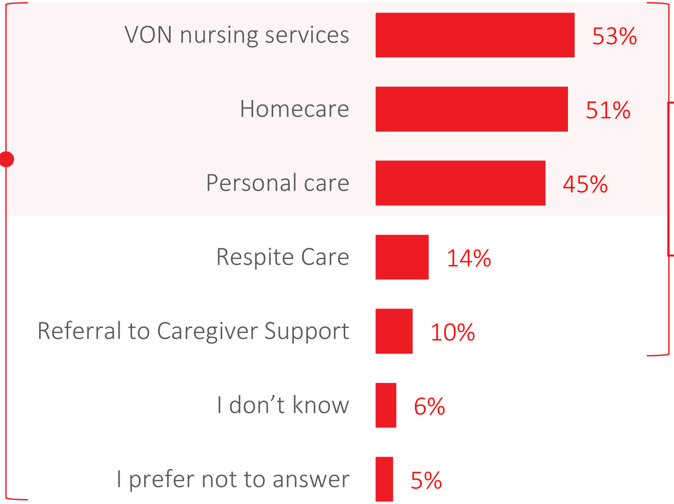
There are three popular services being set up *prior* to a care recipient's discharge from a hospital stay.

Two-in-ten caregivers have had (a) their care recipient discharged from a hospital and (b) services set up within the community *prior* to their care recipient's discharge. **The most popular pre-arranged services were (1) VON nursing, (2) Homecare, and (3) Personal care** – each of which being at least three times more popular as anything else.

014a If the care recipient(s) was discharged from a hospital, were services set up within the community prior to the discharge?
Base: All (n=573).



014b What types of services were set up?
Base: Those who had services set up within the community prior to the care recipient being discharged from a hospital (n=118).



2
was the average number selected.

RESPONDENT PROFILE

Respondent profile

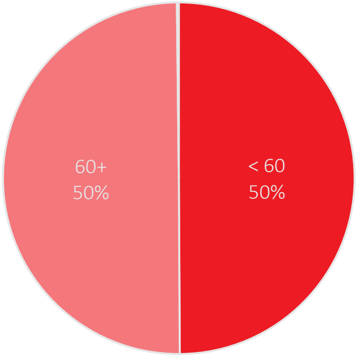
Base: All (n=573)

GENDER

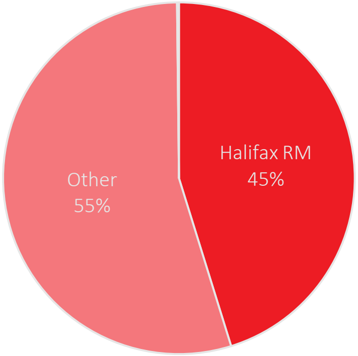
73%

27%

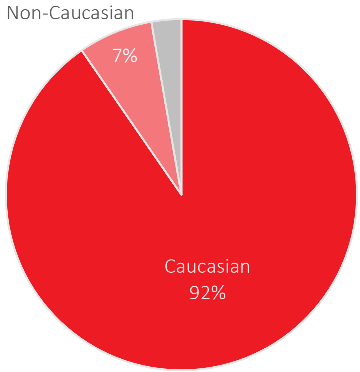
AGE



REGION



ETHNICITY

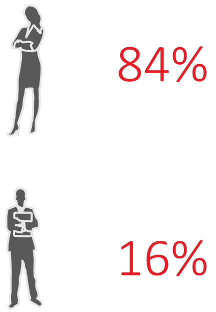


Respondent profile

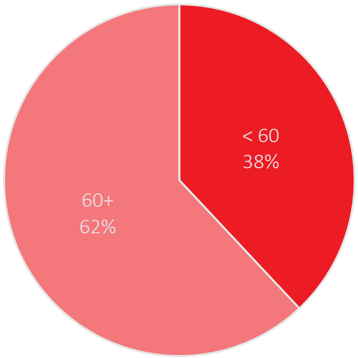
Base: Caregivers from the open link (n=323)

There are far more women here. Overall, these caregivers tend to be younger and living *outside* of the Halifax regional municipality.

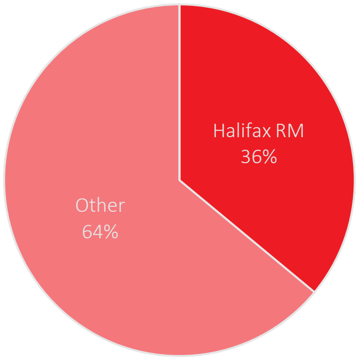
GENDER



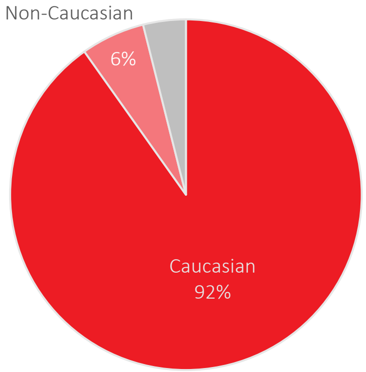
AGE



REGION



ETHNICITY



Respondent profile

Base: Leger’s panel (n=250)

The gender split is more even here. Overall, these caregivers tend to be older and living *within* the Halifax regional municipality.

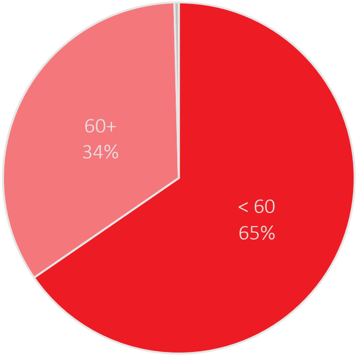
GENDER

58%

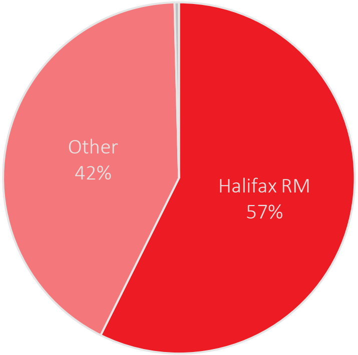
40%

Other: 2%

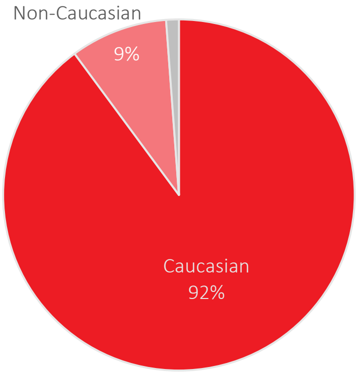
AGE



REGION



ETHNICITY



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